

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522 052

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1	e	1		
5		1		1		
6		1	e	1		
7		1		1		
8		1	e	1		
9		1		1		
10		1	e			
11						
12						
13						
14						
15			e			
16		15		1		
17		15		1		
18		15		1		
19		15	e			
20		15		1		
21		15	e			
22		15		1		
23		15	e			
24		15				
25		15				
26		15				
27		15				
28		15				
29		15	e			
30		15		1		
31	1		1			
32	1		1			
33	1		1			
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50						
TOTAL IND.	5		5			
TOTAL DEP.	239		11			
TOTAL CLAIMS	244		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						